

New Jersey Department of Health and Senior Services  
Clinical Laboratory Improvement Services  
PO Box 361  
Trenton, NJ 08625-0361

**BLOOD BANK ANNUAL STATISTICS**  
(Out of Hospital and "Emergency Only" Transfusion Facilities)

|                                    |                  |
|------------------------------------|------------------|
| Name of Facility                   | CALENDAR YEAR    |
| Street Address                     | County           |
| City, State, Zip Code              |                  |
| Name of Individual Completing Form | Telephone Number |

*Please furnish the following data for the report year and return to the Department at the above address. For a response of zero, please indicate as such. Please retain a copy for your files. If you have any questions or if you need an extension for returning the report form, please contact the Clinical Laboratory Improvement Service, Blood Bank Unit, at 609-292-0522 or 609-633-2586.*

|   |                 |                   |
|---|-----------------|-------------------|
| <b>A. SOURCES OF SUPPLY</b>   |                 |                   |
| Name of Source Blood Bank(s) or Transfusion Service(s) you obtained blood and blood components from:    |                 |                   |
| 1. _____  |                 |                   |
| 2. _____  |                 |                   |
| 3. _____  |                 |                   |
| <b>B. USAGE</b>   | <b>Received</b> | <b>Transfused</b> |
| 1. Packed Red Blood Cells   |                 |                   |
| 2. Platelets (Single Donor)   |                 |                   |
| 3. Platelets (Random)   |                 |                   |
| 4. Fresh Frozen Plasma  |                 |                   |
| 5. Other  |                 |                   |
| <b>C. MISCELLANEOUS</b>   |                 |                   |
| 1. Number of Suspected Transfusion Reactions detected: _____  |                 |                   |
| -If any, specify the type of reaction(s): _____   |                 |                   |
| -If any, did you notify the source blood bank? <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |                   |
| -Name of Source Blood Bank: _____   |                 |                   |
| Name of Medical Director (Print)  |                 |                   |
| Signature of Medical Director   |                 | Date              |